## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10-679-263

|  | Lifective October 1, 21                |  |                  |                    |  |                  |                    |                             |                        |     |                     |                        |  |
|--|--|--|------------------|--------------------|--|------------------|--------------------|-----------------------------|------------------------|-----|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)           |  |  |                  |                    |  |                  |                    | SMALL EN                    |                        | OR_ | OTHER SMALL E       |                        |  |
| TOTAL CLAIMS   |  |  | 11               |                    |  |                  | ı                  | RATE                        | FEE                    | Γ   | RATE                | FEE                    |  |
| TOTAL CLAIMS   |  |  | NUMBER FILED     |                    | NUMBER EXTRA                           |                  |                    | BASIC FEE                   | 385.00                 | OR  | SASIC FEE           | 770.00                 |  |
| FOR  | L CHARGEAB                             | LE CLAIMS                                |                  |                    |  | * 0              |                    | X\$ 9=                      |                        | OR  | X\$18=              |                        |  |
| TOTAL  |  |  |                  |                    | * 0                                    |                  |                    | X43=                        |                        | OR  | X86=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                         |  |  |                  |                    | <u> </u>                               |                  |                    |                             |                        |     | +290=               |                        |  |
|  |  |  |                  |                    | +145=                                  |                  | OR                 | +290=                       |                        |     |                     |                        |  |
| * If the difference in column 1 is less than zero, enter |  |  |                  |                    | er " <b>0</b> " in co                  | lumn 2           |                    | TOTAL                       |                        | OR  | TOTAL               | 770                    |  |
| CLAIMS AS AMENDED - PAR                                  |  |  |                  |                    |  | (Column 3)       |                    | SMALL                       | ENTITY                 | OR  | OTHER<br>SMALL      | THAN<br>ENTITY         |  |
| ΤA   |  | (Column 1) CLAIMS REMAINING AFTER        |                  | HIG<br>NUM<br>PREV | HEST<br>MBER<br>IOUSLY<br>D FOR        | PRESENT<br>EXTRA |                    | RATE                        | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT  | Total                                  | *  | Minus            | **                 |  | =                |                    | X\$ 9=                      |                        | OR  | X\$18=              |                        |  |
| VEN  | Independent                            | *  | Minus            | ***                |  | =                |                    | X43=                        |                        | OR  | X86=                |                        |  |
| ¥  | FIRST PRESE                            | NTATION OF M                             | IULTIPLE DEP     | ENDE               | NT CLAIM                               |                  | j                  | +145=                       |                        | OR  | +290=               |                        |  |
|  |  |  |                  |                    |  |                  |                    | TOTAL<br>ADDIT. FEE         |                        | OR  | TOTAL<br>ADDIT. FEE |                        |  |
|  |  | _  |                  |                    | 7                                      |                  | ADDI-              |                             |                        |     |                     |                        |  |
| 1 B  |  | (Column 1) CLAIMS REMAINING AFTER        |                  | NU<br>PRE          | GHEST<br>IMBER<br>VIOUSLY              | PRESENT<br>EXTRA |                    | RATE                        | ADDI-<br>TIONAL<br>FEE |     | RATE                | TIONAL                 |  |
| AMENDMENT  |  | AMENDMENT                                | Minus            | PAI                | ID FOR                                 | =                | 1                  | X\$ 9=                      | 1                      | OR  | X\$18=              |                        |  |
| END  | Total<br>Independent                   | *  | Minus            | ***                |  | =                | ]                  | X43=                        | 1                      | OR  | X86=                |                        |  |
| AM   | FIRST PRESE                            | NTATION OF N                             | MULTIPLE DE      | PENDE              | NT CLAIM                               |                  | ل                  | +145=                       |                        | OR  | +290=               |                        |  |
|  |  |  |                  |                    |  |                  |                    | TOTAL                       |                        | OF  | TOTA                | L.                     |  |
|  |  |  |                  |                    |  |                  |                    | ADDIT. FEE                  | <b>-</b>               |     | ADDII. FE           |                        |  |
| 1  |  | (Column 1)                               |                  |                    | lumn 2)                                | (Column 3        | 3)                 |                             |                        | -1  |                     | ADDI                   |  |
| S<br>F   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN | •                | PRE                | IGHEST<br>UMBER<br>EVIOUSLY<br>AID FOR | PRESENT<br>EXTRA |                    | RATE                        | ADDI-<br>TIONAL<br>FEE | -   | RATE                | TIONA<br>FEE           |  |
| OME  | Total                                  | *  | Minus            | **                 |  | =                |                    | X\$ 9=                      |                        | OF  | X\$18=              |                        |  |
| AMENDMENT  | Independent                            | *  | Minus            | ***                |  | ]=               | 4                  | X43=                        |                        | OF  | X86=                |                        |  |
| E  | FIRST PRESENTATION OF MULTIPLE DEPENDE |  |                  |                    | ENT CLAIN                              | 1                | لــ                | +145=                       | 1                      | OF  | +290=               |                        |  |
| TOTAL  |  |  |                  |                    |  |                  |                    |                             |                        | OF  | TOT                 | AL .                   |  |
|  | t If the "Hinhest N                    |  | / Paid For IN II | 113 357            | OF 12 1000 m                           | 04 *0            | 20.<br>J."<br>nbei | ADDIT. FE<br>r found in the |                        |     | ADD11.1             |                        |  |
| 1  | ine "Highest Nu                        | ITIDE: FIEVIOUSIY                        |                  |                    | •                                      |                  |                    |                             |                        |     | · :                 |                        |  |